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U.S. PTO

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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Washington, DC 20231

Attorney Docket No.	NSC1-G9900
First Named Inventor	Pai-Hsiang Kao
Original Patent Number	6,023,094
Original Patent Issue Date (Month/Day/Year)	02/08/2000
Express Mail Label No.	EL 727719571 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: *Consent by Assignee to Filing of Reissue Application and Offer to Surrender Original Patent*

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Philip A. Girard c/o GIRARD & EQUITZ LLP				
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NAME (Print/Type)	Philip A. Girard	Registration No. (Attorney/Agent)	28,848
Signature	<i>Philip A. Girard</i>	Date	12/17/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
NSC1-G9900

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 6	**** 0 =	x \$ _____ =		or	x \$ 18 = 0
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 2	* 0 =	x \$ _____ =			x \$ 84 = 0
							\$ 740
						OR	\$ 740

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 15	MINUS	** 20	* = 0	x \$ _____ =		x \$ 18 = 0	0
Independent Claims (37 CFR 1.16(l))	*** 3	MINUS	***** 3	= 0	x \$ _____ =			
							OR	\$ 0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1697. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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12/17/01
Date


Signature of Applicant, Attorney or Agent of Record

Philip A. Girard, Reg. No. 28,848
Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): PAI-HSIANG KAO, et al.

Docket No.

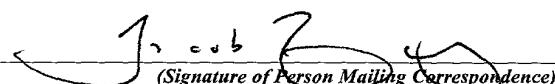
NSC1-G9900

Serial No.
NewFiling Date
HerewithExaminer
UnknownGroup Art Unit
UnknownInvention: **SEMICONDUCTOR WAFER HAVING A BOTTOM SURFACE PROTECTIVE COATING**

I hereby certify that the following correspondence:

PAT. APP. - REISSUE OF U.S. PAT. NO. 6,023,094: (1) Reissue App. Transmittal Letter & Fee Transmittal Form (dup.); (2) Specification & Claims; (3) Three Drawing Sheets; (4) Reissue App. Declaration [incl. Power of Attorney] by Assignee; (5) Information Disclosure Statement w/ ___ references; (6) Check - \$740.00; (7) Statement Regarding Claims; (8) Consent by Assignee to Filing of Reissue App. & Offer to Surrender Original Patent; and, (9) Postcard
(Identify type of correspondence)

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December 17, 2001*(Date)*Jacob S. Zweig*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EL 727719571 US*("Express Mail" Mailing Label Number)*

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